Alphabetical Listing of Variables

Start	End	Name	Description
225	226	ANNDEDCT	Annual deductible
129	131	CMJINS	Current main job is the source of plan
189	191	COBRA	COBRA coverage
170	171	COVROUT_M18	Policy covers person not in RU
194	194	COVTYPIN	Single or family health insurance coverage plan
167	167	DECPHLDR	Deceased policyholder flag
183	184	DENTLINS	Type health insurance received: dental
136	136	DEPNDNT	Dependent of policy holder flag
36	45	DUPERSID	Person identifier
132	134	EMPLSTAT	Policyholder employment status
1	35	EPCPIDX	Insurance source-phldr-dependent identifier
67	91	EPRSIDX	Unique insurance policy-source
56	66	ESTBIDX	Insurance source identifier
141	142	EVALCOV5	Covered at Round 5 interview
139	140	EVALCOVR	Covered at interview or December 31st
128	128	FYFLG	Person in full year file
179	180	HOSPINSX	Type health insurance received: hosp phys/HMO (ed)
227	228	HSAACCT	HSA with this plan
92	105	InsurPrivIDEX	Unique insurance plcy source-insurance identifier
125	127	JOBSFILE	Jobs file containing job information
109	122	JOBSIDX	Policyholder job-round identifier
123	124	JOBSINFR	Job identifier inferred not reported
181	182	MSUPINSX	Type health insurance received: Medigap (edited)
232	233	NAMECHNG	Plan name change
169	169	NOPUFLG	Policyholder not in full year file
195	195	OOPELIG	Policyholder-insurance source has premium
218	219	OOPFLAG	OOPPREMX edit/imputation flag
196	202	OOPPREM	Monthly out-of-pocket premium
203	209	OOPPREMX	Monthly out-of-pocket premium (edited/imputed)
210	217	OOPX12X	Annual out-of-pocket premium (edited/imputed)
168	168	OUTPHLDR	Out-of-RU policyholder flag
106	107	PANEL	Panel number
137	138	PHLDRCHNG	Change to PHLDRIDX on reviewed coverage
46	55	PHLDRIDX	Policyholder person identifier
135	135	PHOLDER	Policy holder flag
192	193	PLANMETL	Plan metal level
187	188	PMEDINS	Type health insurance received: prescription drug
220	222	PREMLEVX	Portion of premium paid by family (edited)
223	224	PREMSUBZ	Cost of the premium subsidized
177	178	PrivateCat	Category of private coverage
108	108	RN	Round number
143	144	STAT1	Insurance active in January
161	162	STAT10	Insurance active in October

Start	End	Name	Description
163	164	STAT11	Insurance active in November
165	166	STAT12	Insurance active in December
145	146	STAT2	Insurance active in February
147	148	STAT3	Insurance active in March
149	150	STAT4	Insurance active in April
151	152	STAT5	Insurance active in May
153	154	STAT6	Insurance active in June
155	156	STAT7	Insurance active in July
157	158	STAT8	Insurance active in August
159	160	STAT9	Insurance active in September
175	176	STEXCH	State exchange coverage
172	174	TYPEFLAG	Type of insurance source
229	231	UPRHMO	HMO coverage (edited)
185	186	VISIONIN	Type health insurance received: vision

Positional Listing of Variables

Start	End	Name	Description
1	35	EPCPIDX	Insurance source-phldr-dependent identifier
36	45	DUPERSID	Person identifier
46	55	PHLDRIDX	Policyholder person identifier
56	66	ESTBIDX	Insurance source identifier
67	91	EPRSIDX	Unique insurance policy-source
92	105	InsurPrivIDEX	Unique insurance plcy source-insurance identifier
106	107	PANEL	Panel number
108	108	RN	Round number
109	122	JOBSIDX	Policyholder job-round identifier
123	124	JOBSINFR	Job identifier inferred not reported
125	127	JOBSFILE	Jobs file containing job information
128	128	FYFLG	Person in full year file
129	131	CMJINS	Current main job is the source of plan
132	134	EMPLSTAT	Policyholder employment status
135	135	PHOLDER	Policy holder flag
136	136	DEPNDNT	Dependent of policy holder flag
137	138	PHLDRCHNG	Change to PHLDRIDX on reviewed coverage
139	140	EVALCOVR	Covered at interview or December 31st
141	142	EVALCOV5	Covered at Round 5 interview
143	144	STAT1	Insurance active in January
145	146	STAT2	Insurance active in February
147	148	STAT3	Insurance active in March
149	150	STAT4	Insurance active in April
151	152	STAT5	Insurance active in May
153	154	STAT6	Insurance active in June
155	156	STAT7	Insurance active in July
157	158	STAT8	Insurance active in August
159	160	STAT9	Insurance active in September
161	162	STAT10	Insurance active in October
163	164	STAT11	Insurance active in November
165	166	STAT12	Insurance active in December
167	167	DECPHLDR	Deceased policyholder flag
168	168	OUTPHLDR	Out-of-RU policyholder flag
169	169	NOPUFLG	Policyholder not in full year file
170	171	COVROUT_M18	Policy covers person not in RU
172	174	TYPEFLAG	Type of insurance source
175	176	STEXCH	State exchange coverage
177	178	PrivateCat	Category of private coverage
179	180	HOSPINSX	Type health insurance received: hosp phys/HMO (ed)
181	182	MSUPINSX	Type health insurance received: Medigap (edited)
183	184	DENTLINS	Type health insurance received: dental
185	186	VISIONIN	Type health insurance received: vision
187	188	PMEDINS	Type health insurance received: prescription drug
189	191	COBRA	COBRA coverage
192	193	PLANMETL	Plan metal level

Start	End	Name	Description
194	194	COVTYPIN	Single or family health insurance coverage plan
195	195	OOPELIG	Policyholder-insurance source has premium
196	202	OOPPREM	Monthly out-of-pocket premium
203	209	OOPPREMX	Monthly out-of-pocket premium (edited/imputed)
210	217	OOPX12X	Annual out-of-pocket premium (edited/imputed)
218	219	OOPFLAG	OOPPREMX edit/imputation flag
220	222	PREMLEVX	Portion of premium paid by family (edited)
223	224	PREMSUBZ	Cost of the premium subsidized
225	226	ANNDEDCT	Annual deductible
227	228	HSAACCT	HSA with this plan
229	231	UPRHMO	HMO coverage (edited)
232	233	NAMECHNG	Plan name change

Variable Codebook

Name: EPCPIDX
Description: Insurance source-phldr-dependent identifier
Format: 35.0
Type: Char
Start: 1
End: 35

Value	Unweighted
VALID ID	45,214
Total:	45,214

Name: DUPERSID
Description: Person identifier
Format: 10.0
Type: Char
Start: 36
End: 45

Value	Unweighted
VALID ID	45,214
Total:	45,214

Name: PHLDRIDX
Description: Policyholder person identifier
Format: 10.0
Type: Char
Start: 46
End: 55

Value	Unweighted
VALID ID	45,214
Total:	45,214

Name: ESTBIDX
Description: Insurance source identifier
Format: 11.0
Type: Char
Start: 56
End: 66

Value	Unweighted
VALID ID	45,214
Total:	45,214

Name: EPRSIDX
Description: Unique insurance policy-source
Format: 25.0
Type: Char
Start: 67
End: 91

Value	Unweighted
VALID ID	45,214
Total:	45,214

Name: InsurPrivIDEX
Description: Unique insurance plcy source-insurance identifier
Format: 14.0
Type: Char
Start: 92
End: 105

Value	Unweighted
VALID ID	45,214
Total:	45,214

Name: PANEL
Description: Panel number
Format: 2.0
Type: Num
Start: 106
End: 107

Value	Unweighted
23 PANEL 23	11,597
24 PANEL 24	18,151
25 PANEL 25	15,466
Total:	45,214

Name: RN
Description: Round number
Format: 1.0
Type: Num
Start: 108
End: 108

Value	Unweighted
1	4,847
2	5,301
3	11,114
4	6,178
5	6,177
6	5,944
7	5,653
Total:	45,214

Name: JOBSIDX
Description: Policyholder job-round identifier
Format: 14.0
Type: Char
Start: 109
End: 122

Value	Unweighted
-1 INAPPLICABLE	9,940
VALID ID	35,274
Total:	45,214

Name: JOBSINFR
Description: Job identifier inferred not reported
Format: 2.0
Type: Num
Start: 123
End: 124

Value	Unweighted
-1 INAPPLICABLE	9,940
0 NO	34,626
1 YES	648
Total:	45,214

Name: JOBSFILE
Description: Jobs file containing job information
Format: 3.0
Type: Num
Start: 125
End: 127

Value	Unweighted
-1 INAPPLICABLE	9,940
HC203 2018 JOBSFILE	781
HC211 2019 JOBSFILE	1,603
HC218 2020 JOBSFILE	32,890
Total:	45,214

Name: FYFLG
Description: Person in full year file
Format: 1.0
Type: Num
Start: 128
End: 128

Value	Unweighted
0 NO	1,155
1 YES	44,059
Total:	45,214

Name: CMJINS
Description: Current main job is the source of plan
Format: 3.0
Type: Num
Start: 129
End: 131

Value	Unweighted
-15 CANNOT BE COMPUTED	413
-1 INAPPLICABLE	8,999
1 YES	28,642
2 NO	7,160
Total:	45,214

Name: EMPLSTAT
Description: Policyholder employment status
Format: 3.0
Type: Num
Start: 132
End: 134

Value	Unweighted
-15 CANNOT BE COMPUTED	2
-7 REFUSED	6
-1 INAPPLICABLE	44,223
1 CURRENTLY EMPLOYED	243
2 RETIRED	373
3 PREVIOUSLY EMPLOYED	110
4 DECEASED	165
91 OTHER	92
Total:	45,214

Name: PHOLDER
Description: Policy holder flag
Format: 1.0
Type: Num
Start: 135
End: 135

Value	Unweighted
0 DEPENDENT	19,085
1 POLICYHOLDER	26,129
Total:	45,214

Name: DEPNDNT
Description: Dependent of policy holder flag
Format: 1.0
Type: Num
Start: 136
End: 136

Value	Unweighted
0 POLICYHOLDER	26,129
1 DEPENDENT	19,085
Total:	45,214

Name: PHLDRCHNG
Description: Change to PHLDRIDX on reviewed coverage
Format: 2.0
Type: Num
Start: 137
End: 138

Value	Unweighted
-1 INAPPLICABLE	45,085
1 CHANGED FROM 902 TO NON 902	56
2 CHANGED FROM NON 902 TO 902	39
3 CHANGED FROM 902 TO 901	30
4 CHANGED FROM NON 902 TO NON 902	4
Total:	45,214

Name: EVALCOVR
Description: Covered at interview or December 31st
Format: 2.0
Type: Num
Start: 139
End: 140

Value	Unweighted
-1 INAPPLICABLE	1,080
1 YES	41,274
2 NO	2,860
Total:	45,214

Name: EVALCOV5
Description: Covered at Round 5 interview
Format: 2.0
Type: Num
Start: 141
End: 142

Value	Unweighted
-1 INAPPLICABLE	33,155
1 YES	10,751
2 NO	1,308
Total:	45,214

Name: STAT1
Description: Insurance active in January
Format: 2.0
Type: Num
Start: 143
End: 144

Value	Unweighted
-1 INAPPLICABLE	27,764
1 YES	17,104
2 NO	346
Total:	45,214

Name: STAT2
Description: Insurance active in February
Format: 2.0
Type: Num
Start: 145
End: 146

Value	Unweighted
-1 INAPPLICABLE	25,361
1 YES	19,084
2 NO	769
Total:	45,214

Name: STAT3
Description: Insurance active in March
Format: 2.0
Type: Num
Start: 147
End: 148

Value	Unweighted
-1 INAPPLICABLE	26,177
1 YES	18,106
2 NO	931
Total:	45,214

Name: STAT4
Description: Insurance active in April
Format: 2.0
Type: Num
Start: 149
End: 150

Value	Unweighted
-1 INAPPLICABLE	26,191
1 YES	17,895
2 NO	1,128
Total:	45,214

Name: STAT5
Description: Insurance active in May
Format: 2.0
Type: Num
Start: 151
End: 152

Value	Unweighted
-1 INAPPLICABLE	27,383
1 YES	16,630
2 NO	1,201
Total:	45,214

Name: STAT6
Description: Insurance active in June
Format: 2.0
Type: Num
Start: 153
End: 154

Value	Unweighted
-1 INAPPLICABLE	27,826
1 YES	16,136
2 NO	1,252
Total:	45,214

Name: STAT7
Description: Insurance active in July
Format: 2.0
Type: Num
Start: 155
End: 156

Value		Unweighted
-1 INAPPLICABLE		27,521
1 YES		16,372
2 NO		1,321
	Total:	45,214

Name: STAT8
Description: Insurance active in August
Format: 2.0
Type: Num
Start: 157
End: 158

Value		Unweighted
-1 INAPPLICABLE		19,893
1 YES		23,844
2 NO		1,477
	Total:	45,214

Name: STAT9
Description: Insurance active in September
Format: 2.0
Type: Num
Start: 159
End: 160

Value		Unweighted
-1 INAPPLICABLE		23,728
1 YES		20,485
2 NO		1,001
	Total:	45,214

Name: STAT10
Description: Insurance active in October
Format: 2.0
Type: Num
Start: 161
End: 162

Value	Unweighted
-1 INAPPLICABLE	26,725
1 YES	17,650
2 NO	839
Total:	45,214

Name: STAT11
Description: Insurance active in November
Format: 2.0
Type: Num
Start: 163
End: 164

Value	Unweighted
-1 INAPPLICABLE	27,300
1 YES	17,087
2 NO	827
Total:	45,214

Name: STAT12
Description: Insurance active in December
Format: 2.0
Type: Num
Start: 165
End: 166

Value	Unweighted
-1 INAPPLICABLE	28,269
1 YES	16,115
2 NO	830
Total:	45,214

Name: DECPHLDR
Description: Deceased policyholder flag
Format: 1.0
Type: Num
Start: 167
End: 167

Value	Unweighted
1 YES	241
2 NO	44,973
Total:	45,214

Name: OUTPHLDR
Description: Out-of-RU policyholder flag
Format: 1.0
Type: Num
Start: 168
End: 168

Value	Unweighted
1 YES	1,474
2 NO	43,740
Total:	45,214

Name: NOPUFLG
Description: Policyholder not in full year file
Format: 1.0
Type: Num
Start: 169
End: 169

Value	Unweighted
1 YES	870
2 NO	44,344
Total:	45,214

Name: COVROUT_M18
Description: Policy covers person not in RU
Format: 2.0
Type: Num
Start: 170
End: 171

Value	Unweighted
-8 DK	265
-7 REFUSED	64
-1 INAPPLICABLE	23,425
1 YES	784
2 NO	20,676
Total:	45,214

Name: TYPEFLAG
Description: Type of insurance source
Format: 3.0
Type: Num
Start: 172
End: 174

Value	Unweighted
-15 CANNOT BE COMPUTED	2
-8 DK	105
-7 REFUSED	12
1 EMPLOYER	35,259
2 UNION	1,159
3 GROUP	687
5 INSURANCE COMPANY-FROM AN AGENT	1,246
6 INSURANCE COMPANY	1,746
7 HMO	148
8 PREVIOUS EMPLOYER	210
10 SPOUSE PREVIOUS EMPLOYER	347
11 SCHOOL	80
12 UNKNOWN TYPE-OUTSIDE RU	1,738
13 UNKNOWN TYPE-COLLECTED AT OTHER	684
21 STATE EXCHANGE NAME	1,791
Total:	45,214

Name: STEXCH
Description: State exchange coverage
Format: 2.0
Type: Num
Start: 175
End: 176

Value	Unweighted
-1 INAPPLICABLE	39,266
1 YES, EXCHANGE COVERAGE	2,333
2 NO, NOT EXCHANGE COVERAGE	3,615
Total:	45,214

Name: PrivateCat
Description: Category of private coverage
Format: 2.0
Type: Num
Start: 177
End: 178

Value	Unweighted
0 NOT HOSP/PHYS OR MEDIGAP COVERAGE	1,332
1 EMPLOYER/UNION	35,628
2 NONGROUP	2,533
3 OTHER GROUP	787
4 ESI, PHOLDER OUTSIDE RU	1,592
5 NON-ESI, PHOLDER OUTSIDE RU	127
6 STATE EXCHANGE	2,288
99 DONT KNOW WHAT KIND PRIV COV	927
Total:	45,214

Name: HOSPINSX
Description: Type health insurance received: hosp phys/HMO (ed)
Format: 2.0
Type: Num
Start: 179
End: 180

Value	Unweighted
-8 DK	1,038
-7 REFUSED	35
1 YES	41,621
2 NO	2,520
Total:	45,214

Name: MSUPINSX
Description: Type health insurance received: Medigap (edited)
Format: 2.0
Type: Num
Start: 181
End: 182

Value	Unweighted
-8 DK	1,085
-7 REFUSED	43
1 YES	2,649
2 NO	41,437
Total:	45,214

Name: DENTLINS
Description: Type health insurance received: dental
Format: 2.0
Type: Num
Start: 183
End: 184

Value	Unweighted
-8 DK	1,038
-7 REFUSED	35
1 YES	30,552
2 NO	13,589
Total:	45,214

Name: VISIONIN
Description: Type health insurance received: vision
Format: 2.0
Type: Num
Start: 185
End: 186

Value	Unweighted
-8 DK	1,038
-7 REFUSED	35
1 YES	28,292
2 NO	15,849
Total:	45,214

Name: PMEDINS
Description: Type health insurance received: prescription drug
Format: 2.0
Type: Num
Start: 187
End: 188

Value	Unweighted
-8 DK	1,038
-7 REFUSED	35
1 YES	38,152
2 NO	5,989
Total:	45,214

Name: COBRA
Description: COBRA coverage
Format: 3.0
Type: Num
Start: 189
End: 191

Value	Unweighted
-15 CANNOT BE COMPUTED	3,198
-8 DK	138
-7 REFUSED	114
-1 INAPPLICABLE	37,883
1 YES	517
2 NO	3,364
Total:	45,214

Name: PLANMETL
Description: Plan metal level
Format: 2.0
Type: Num
Start: 192
End: 193

Value	Unweighted
-8 DK	322
-7 REFUSED	1
-1 INAPPLICABLE	44,451
1 PLATINUM PLAN	32
2 GOLD PLAN	47
3 SILVER PLAN	182
4 BRONZE PLAN	132
5 CATASTROPHIC PLAN	18
6 IF VOLUNTEERED: SOMETHING ELSE	29
Total:	45,214

Name: COVTYPIN
Description: Single or family health insurance coverage plan
Format: 1.0
Type: Num
Start: 194
End: 194

Value	Unweighted
1 SINGLE	15,257
2 FAMILY	29,957
Total:	45,214

Name: OOPELIG
Description: Policyholder-insurance source has premium
Format: 1.0
Type: Num
Start: 195
End: 195

Value	Unweighted
1 YES	10,643
2 NO	34,571
Total:	45,214

Name: OOPPREM
Description: Monthly out-of-pocket premium
Format: 7.2
Type: Num
Start: 196
End: 202

Value	Unweighted
-15 CANNOT BE COMPUTED	171
-8 DK	2,557
-7 REFUSED	78
-1 INAPPLICABLE	34,571
0 NO PREMIUM CONTRIBUTION	1,619
$0.12 - $133.33	1,556
$133.34 - $270.83	1,556
$270.84 - $461.50	1,553
$461.51 - $4,766.67	1,553
Total:	45,214

Name: OOPPREMX
Description: Monthly out-of-pocket premium (edited/imputed)
Format: 7.2
Type: Num
Start: 203
End: 209

Value	Unweighted
-1 INAPPLICABLE	34,571
0 NO PREMIUM CONTRIBUTION	1,621
$0.12 - $136.50	2,258
$136.51 - $275.17	2,257
$275.18 - $472.00	2,252
$472.01 - $3,000.00	2,255
Total:	45,214

Name: OOPX12X
Description: Annual out-of-pocket premium (edited/imputed)
Format: 8.2
Type: Num
Start: 210
End: 217

Value	Unweighted
-1 INAPPLICABLE	34,571
0 NO PREMIUM CONTRIBUTION	1,621
$1.44 - $1,638.00	2,258
$1,638.01 - $3,302.04	2,257
$3,302.05 - $5,664.00	2,252
$5,664.01 - $36,000.00	2,255
Total:	45,214

Name: OOPFLAG
Description: OOPPREMX edit/imputation flag
Format: 2.0
Type: Num
Start: 218
End: 219

Value	Unweighted
-1 INAPPLICABLE	34,571
0 NO	7,735
1 YES	2,908
Total:	45,214

Name: PREMLEVX
Description: Portion of premium paid by family (edited)
Format: 3.0
Type: Num
Start: 220
End: 222

Value	Unweighted
-15 CANNOT BE COMPUTED	171
-8 DK	1,890
-7 REFUSED	175
-1 INAPPLICABLE	17,262
1 FAMILY PAYS ALL PREMIUM COST	5,038
2 FAMILY PAYS SOME PREMIUM COST	15,448
3 FAMILY DOES NOT KNOW	736
4 FAMILY DOES NOT PAY PREMIUM COST	4,494
Total:	45,214

Name: PREMSUBZ
Description: Cost of the premium subsidized
Format: 2.0
Type: Num
Start: 223
End: 224

Value	Unweighted
-8 DK	176
-7 REFUSED	8
-1 INAPPLICABLE	42,594
1 YES	1,260
2 NO	1,176
Total:	45,214

Name: ANNDEDCT
Description: Annual deductible
Format: 2.0
Type: Num
Start: 225
End: 226

Value	Unweighted
-8 DK	5,617
-7 REFUSED	186
-1 INAPPLICABLE	21,288
1 LESS THAN $1350/$2700	7,650
2 $1350/$2700 OR MORE	7,815
3 NO ANNUAL DEDUCTIBLE	2,658
Total:	45,214

Name: HSAACCT
Description: HSA with this plan
Format: 2.0
Type: Num
Start: 227
End: 228

Value	Unweighted
-8 DK	129
-7 REFUSED	6
-1 INAPPLICABLE	37,399
1 YES	3,604
2 NO	4,076
Total:	45,214

Name: UPRHMO
Description: HMO coverage (edited)
Format: 3.0
Type: Num
Start: 229
End: 231

Value	Unweighted
-15 CANNOT BE COMPUTED	687
-8 DK	4,031
-7 REFUSED	33
-1 INAPPLICABLE	1,332
1 PRIVATE PLAN IS HMO	14,272
2 PRIVATE PLAN IS NOT HMO	24,859
Total:	45,214

Name: NAMECHNG
Description: Plan name change
Format: 2.0
Type: Num
Start: 232
End: 233

Value	Unweighted
-8 DK	439
-7 REFUSED	209
-1 INAPPLICABLE	10,979
1 YES	2,442
2 NO	31,145
Total:	45,214